

FIG.2

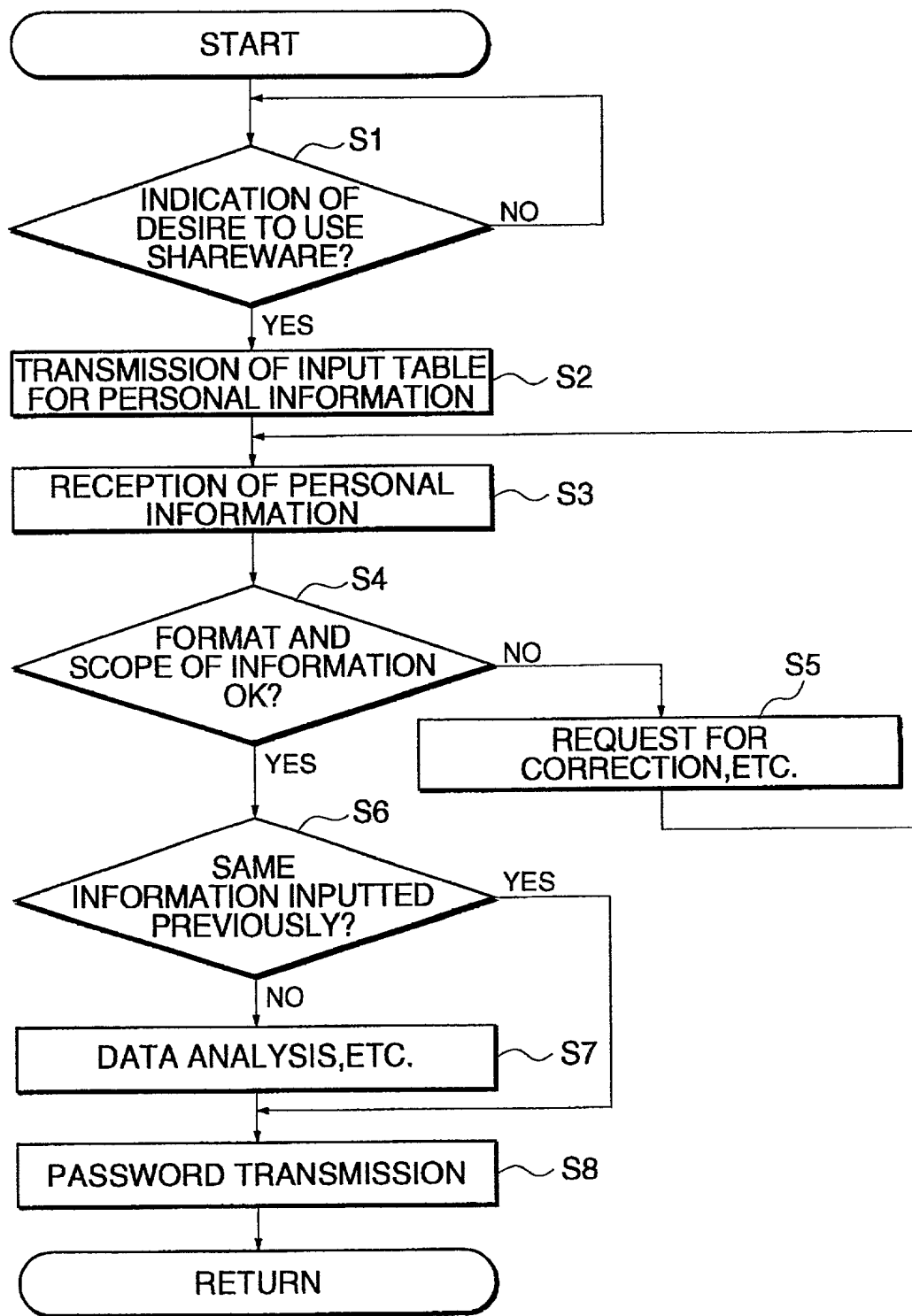


FIG.3

FILL OUT AND SUBMIT THE FORM
BELOW TO RECEIVE PASSWORD

CONTROL NUMBER	<input type="text" value="*****"/>
NAME	<input type="text" value="** **"/>
NAME IN PHONETIC	<input type="text" value="** ***"/>
AGE	<input type="text" value="30"/> YEARS OLD
GENDER	<input type="text" value="MALE"/>
ADDRESS	<input type="text" value="ZIP CODE *-**"/>
	<input type="text" value="○△□ *-**"/>
TELEPHONE NUMBER	<input type="text" value="****-****-*****"/>
OCCUPATION	<input type="text" value="*****"/>
E-MAIL ADDRESS	<input type="text" value="*****@*****.*****"/>